

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14804

FILED MAY 11 1953

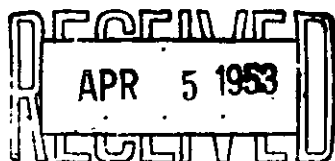
5601 State File No. 79

BIRTH NO. _____		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 2032		Registrar's No. 79	
1. PLACE OF DEATH a. COUNTY Johnson.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural; Warrensburg				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural; Warrensburg. 0510			
d. FULL NAME OF HOSPITAL OR INSTITUTION home R. R. 2 Warrensburg				d. STREET ADDRESS (If rural, give location) R. F. D. #2.			
3. NAME OF DECEASED (Type or Print) Cecil		a. (First)		b. (Middle) Lamont		c. (Last) Roark.	
4. DATE OF DEATH April 29, 1953.		a. (Month)		b. (Day)		c. (Year)	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH Oct. 5, 1877	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock & grain		11. BIRTHPLACE (City and State or Foreign Country) Miller Co. MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME George Roark		13b. MOTHER'S MAIDEN NAME Loucetta Allen		14. NAME OF HUSBAND OR WIFE Maude Roark.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Roark, Warrensburg, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10-12 yrs 4-6 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1951, to Apr. 29, 1953, that I last saw the deceased alive on Apr. 29, 1953, and that death occurred at 10:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Signature of Attor) Dr. J. H. Sweeney				23b. ADDRESS Warrensburg		23c. DATE SIGNED 5/1/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2, May, 1953		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia, MO.	
DATE REC'D BY LOCAL REG. May 2, 1953		REGISTRAR'S SIGNATURE Savannah C. Phillips		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips, Warrensburg, MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 12 1953



JOHNSON COUNTY HEALTH DEPT.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

J. Earl Priest

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.